

**SPEAKERS' BUREAU EVENT REQUEST**

**INSTRUCTIONS—Please read before completing:** To submit a request for a Board of Equalization (BOE) speaker, expo staff, or foreign delegation visit, you must enter information in all the fillable fields. Once you finish click on the **SUBMIT** button at the bottom of this form. An email will automatically open addressed to **BOE's Speakers Bureau** with your completed form. Before you send, make sure the information you provided is accurate. Add any additional attachments to the email. If you have any questions, please contact the BOE's Speakers' Bureau at (916) 552-9092, or email [EADSPKBR@boe.ca.gov](mailto:EADSPKBR@boe.ca.gov).

**SECTION I**

NAME OF REQUESTING ORGANIZATION		REQUESTER'S NAME	REQUESTER'S TELEPHONE NUMBER (     )
REQUESTER'S FAX NUMBER (     )	REQUESTER'S EMAIL ADDRESS		
REQUESTING ORGANIZATION (choose from drop down menu)		TYPE OF REQUEST (choose from drop down menu)	
PRESENTATION TOPIC			
LENGTH OF PRESENTATION			

Is a bilingual speaker(s) needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	LIST THE LANGUAGE(S) TO BE SPOKEN AT THIS EVENT (if other than English)
Are you requesting a specific speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	SPEAKER'S NAME

**SECTION II**

EVENT NAME	EVENT DATE	EVENT TIME	EVENT TYPE (for example, seminar, conference, etc.)
EVENT LOCATION			EXPECTED NUMBER OF ATTENDEES
Event is: (choose from drop down menu)			

Is the event for-profit? ☐ Yes ☐ No

Is there a cost to the BOE to attend this event?

☐ Yes If yes, enter amount here \$

☐ No

Please describe what the cost/fee is for (for example, expo table, registration, etc.)

PLEASE LIST STATE AND/OR FEDERAL AGENCIES PARTICIPATING AT THIS EVENT

**BOE USE ONLY**

## PUBLICATIONS REQUEST CHECK LIST

- ☐ No publications requested
- ☐ Standard business publications requested (contact Speakers' Bureau with questions)
- ☐ Standard business publications AND specific publications requested (please list desired publications)
- ☐ Specific publications requested (please list desired publications)

**APPROVALS**

OUTREACH SERVICES DIVISION CHIEF	DATE OF APPROVAL
DISTRICT ADMINISTRATOR	DATE OF APPROVAL
ASSISTANT CHIEF OF FIELD OPERATIONS	DATE OF APPROVAL

**FOR-PROFIT EVENTS (additional approvals required)**

CHIEF COUNSEL	DATE OF APPROVAL
EXECUTIVE DIRECTOR	DATE OF APPROVAL